PLEASE RETURN

THE MONTANA HEALTH SYSTEM AGENCY, INCORPORATED

SEVENTH ANNUAL REPORT
OCTOBER, 1983

REFERENCE TO CONTENTS

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Cholesterol Control

THE HOTTER THE ONION, THE BETTER FOR BLOOD

Fabled in folklore, beloved by gastronomes, honored by the poets, the onion, at last, is getting its due from science. A spate of recent studies show that the pungent bulb is good for the blood and blood vessels.

Not that the onion and its close kin garlic ever lacked in medicinal attributes. In ancient Greece, the healer Hippocrates prescribed garlic as diuretic, wound healer and pneumonia fighter. In the Far East, the aromatic bulb has been used for generations to treat ills from infection to hypertension. But it took a modern Boston doctor to document that what Robert Louis Stevenson dubbed the "rose among roots" helps protect human arteries from atherosclerosis and blood clots.

According to Dr. Victor Gurewich, professor of medicine at Tufts University and director of the vascular laboratory at St. Elizabeth's Hospital in Boston, onions raise blood levels of high-density lipoprotein cholesterol (HDL). This "good cholesterol" is believed to help clear arteries of fats that might otherwise choke off blood flow.

Since 1978, Gurewich has been giving the equivalent of one onion daily to persons whose HDL levels are unusually low. Although all such patients appeared healthy at a routine medical exam, the unexpected findings of low HDL levels suggested they might be sliding silently toward a heart attack or stroke. When whole onions turn up a whole lot of indigestion, Gurewich gives capsules of concentrated onion juice.

The juice of a single yellow or white onion a day raises blood HDL levels 30%. What gives onions their bite also bestows the benefits. Milder red onions don't have the same HDL effect. And cooking reduces chemical activity in all onions.

Gurewich and his colleagues have not pinpointed the ingredient in onions that does the HDL trick. They do know it is one of 20 to 25 active compounds that turn up on chemical analysis of Allium cepa.

Among them are substances that have their own virtues. One lowers levels of fibrinogen, the blood component that forms blood clots. Studies at other medical centers have identified at least three additional goodies in onions: cycloallyn, which stimulates the clot-dissolving system; prostaglandin A_2, which lowers blood pressure; and still-another anticlotting ingredient.

Work is now under way to separate and identify all of onion's active ingredients. Still, Gurewich suspects we may be best off getting the crude juice. "The chemicals may need to work together to control vascular disease."

THE SYSTEM

Diet vs. Decay

HOLD THE COOKIES, PASS THE CHOCOLATE

It's not just what you eat that causes tooth decay. It's also when you eat it.

As soon as you start eating - especially a cookie, which sticks between teeth and on the biting surfaces - the bacteria in tooth plaque also get busy eating. And they start churning out acid - the first step in decay, says Elaine Parker, assistant professor of dental hygiene at the University of Maryland.

The bacteria work this way for 20 to 30 minutes after your last bite or gulp. Moral: If you must snack, eat it up all at once and give your bacteria a rest.

Another way to curb bacteria, given that sugar is plaque's favorite fuel, is to eat sweets only at a meal's end. By then, says Parker, you've got a good flow of saliva going. It not only flushes out some of the sucrose, it helps neutralize the bacteria.

An apple for dessert can help mechanically remove debris, but cheese probably does more good. "It's high in fat and protein," says Parker, "and they shift plaque acid to neutral."

The biggest surprise of all: Chocolate doesn't hurt. Pure chocolate's fat coats sugar molecules and makes them less readily available to plaque. Choose chocolate over a sour ball, says Parker.

Health planning is a traditional activity of public health and government. Responsible health service providers must determine service needs and priorities as well as cost effective means for providing services to meet these needs. With the recent growth in the amount, complexity and accessibility of health services, government participation has also expanded through provision and financing of these services. This increase in the scope and complexity of the health care industry has emphasized the need for accurate and timely data to assist public and private decision-makers in evaluating current health care needs and planning for manpower, facilities and financial resources to develop an effective response.

In 1966 the U.S. Congress passed Public Law 89-749 authorizing the creation of comprehensive health planning agencies and Governor Tim Babcock designated the Montana Board of Health as Montana's state agency for health planning. The 1969 Legislature passed Montana's first health planning legislation and designated the Department of Health as the State Health Planning Agency while creating five regional health planning agencies. These state and local agencies began the process of data collection, needs assessment, policy analysis and public education. The success of this program was limited by the complexity of health issues, but these efforts provided basic data and began a health planning process.

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Sun Protection

WHEN FASHION IS SHEER FOLLY

Light, breezy clothes spell one of the joys of the sunshine season: freedom to let the body move.

But traditional airy, light-colored summer wear may increase the risk of skin cancer, Australian scientists warn. The Aussies should know. They share. with New Zealand, the world's highest rate of melanoma, the sun-related skin cancer.

"Unfortunately, many people associate the need for sun protection only with swimming or bare-skin sports," says Dr. Gerald Milton, head of the melanoma unit at Sydney Hospital. "Once dressed, they think they are safe. But it just isn't true of certain light, manmade fabrics."

All summer clothing should be "shadow tested," says Milton. Hold each item up to natural light. Apparel that casts a "reasonably dark shadow" will block out most of the sun's harmful ultraviolet rays. Clothing that casts only a faint shadow offers little help.

In general, natural fibers protect better than synthetics, which are just not as dense as their natural counterparts. However, the texture and thickness of cloth affect its shielding power. Dark colors provide extra protection, he says, because they absorb and block light. Milton's dictum: "I'd rather wear a brown than a white shirt any day where protection is concerned."

The Montana Health Systems Agency was incorporated as a private, nonprofit corporation in June, 1975, six months after passage of the parent legislation, Public Law 93-641. A forty-three member Governing Board was established in January, 1976, with 51-60 percent of its membership composed of individuals with no monetary or direct affiliation with the health care industry. The "consumer dominated" Governing Board was legislatively mandated to promote and ensure local input into health planning and resource development decision making processes. To further promote the grassroots concept, all meetings of the Montana Health System Agency are advertised and open for public participation. As the Executive Committee has been eliminated, the Governing Board is required to have six meetings (bimonthly) per year. These meetings are held in various regions in Montana to encourage local public involvement.

In August of 1976, the Montana HSA received designation as the health systems agency for the state of Montana. This designation replaced five Comprehensive Health Planning (CHP) Councils and brought health planning and health resource development pursuits under the auspices of one consumer dominated organization. Formal operation began in October of 1976, and in February of 1977, five subarea advisory councils were organized. The subarea councils were delegated responsibility to solicit local input and forward advisory recommendations on Agency activities. Fulfilling its legislative mandates, the Montana Health Systems Agency was awarded full designation by the Federal government in October, 1978.

The Agency utilizes a committee structure which parallels the seven basic functions required by law: organization and management, data management and analysis, coordination, public involvement, plan development, review activities, and plan implementation.

The federal government revised its health planning program in 1974 with the passage of the Health Planning and Resource Development Act (PL 93-641). Under this program each state has a Governor-appointed Statewide Health Coordinating Council (SHCC), a State Health Planning and Resource Development Agency (SHPDA) and one or more Health Systems Agencies (HSA). Because of Montana's smaller population, only one HSA was established with five subarea councils to provide a local perspective. It was further determined that the HSA Executive Committee would serve as the SHCC.

This system gives Montana two statewide health plans. The HSA, using professional staff provided through federal funds, writes a Health Systems Plan for its service area, reviews federal grants and participates in the state Certificate of Need (CON) review process. The SHCC, with the assistance of the SHPDA staff, writes a State Health Plan which is coordinated with the HSA Health Systems Plan. The SHCC also makes recommendations to the state government on selected priority health issues.

During fiscal year 1982-83, several major changes occurred which considerably improved the functioning of Montana's health planning system:

1. The Governing Board reorganized from a 43-member body to 27 members. The reorganization initially evolved in response to proposed federal budget cuts, but it became apparent that the restructuring of the Board and its Committees would provide a smoother and more efficient health planning system. Due to the smaller size of the Board, the Executive Committee was eliminated and the full Board assumed that responsibility. The Governing Board now reviews all Certificate of Need proposals which are statewide in scope, and is the final review body for those proposals reviewed locally by one of the five Subarea Advisory Councils.
2. Each of the five Subarea Councils were also reorganized to contain 18 members. In the past, the Councils membership ranged from 18 to 27 members. The Board, Committees and Subarea Councils all maintain consumer majorities.
3. The Statewide Health Coordinating Council (SHCC) and the Governing Board of the Montana Health Systems Agency approved the development of a single health plan for the state of Montana. The planning staff of both agencies are conducting joint meetings and working cooperatively toward the development of a single health plan.
4. The Montana Certificate of Need Law was significantly revised during the 1983 Montana Legislative session. The new legislation created many changes in the CON process for applicants, review bodies and staff.

Details concerning the above improvements are explained more fully in other sections of this report.

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A consumer is an individual who is neither a direct nor indirect provider of health care. By law, consumers constitute a majority of the MHSA Governing Board and Subarea Council membership.

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Decision Making

A BOOST FOR THOUGHT

After 20 people from a Midwestern farm community had worked out three times a week for six months, Purdue industrial engineer Gavriel Salvendi detected a surprising change. They were not only 20% fitter than when they started, they were 70% better in a test of complex decision making - a 60% improvement compared with their sedentary neighbors.

Exercise didn't seem to help them make simple one-step decisions or high video game scores, but the improvement was dramatic on more complex decisions from a series of flash cards.

Salvendi believes his data support the need for fitness requirements for jobs - like pilots or air traffic controllers - that call for quick decisions that could save lives. Since decision-making capacity is largely hereditary, says Salvendi, becoming fit won't increase that potential. But keep this in mind: "You'll get less good as you get less fit."

THE GOVERNING BOARD ··· The Providers

A provider is an individual whose responsibility involves the provision, administration, teacher, or development of health services, activities or supplies. A provider may have a direct or indirect interest in the health industry.

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Iron
Stirring News About Coffee

The next time you have a yearning for coffee, take note. Coffee may be robbing valuable iron needed by red blood cells. It all depends on when you drink it.

That's what University of Kansas researchers found when they served coffee to volunteers before, during and after a meal. The 37 subjects ate a quarter-pound hamburger and drank coffee - drip or freeze dried instant.

Coffee an hour before the meal had little effect on the body's later absorption of iron released from the food, but coffee consumed while eating and an hour afterwards reduced iron absorption by 39%.

Kansas hematologist James Cook indicts a family of organic compounds in coffee called polyphenols. The polyphenol complex binds the iron before it can be absorbed into the body. Whether the coffee is caffeinated or not, instant or drip, sweetened or creamed, makes no difference.

For the 10% to 20% of women who suffer from iron-deficiency anemia, the most common nutritional disorder in the U.S., the effect could be significant. "If someone is known to have a problem with iron," advises Cook, "it would be wise to avoid coffee with the main meals of the day, when 80% of your iron is consumed."

His advice for perking up iron intake:

Have coffee between meals.

Avoid regular tea during and right after meals since it contains other substances - tannates - that cut iron absorption.

Drink orange or grapefruit juice with meals. Their vitamin C helps the body absorb the iron in other foods.

THE GOVERNING BOARD ··· THE COMMITTEES

All Committees of the Board are generally responsible for gathering factual information, establishing guidelines, identifying problems and priorities, developing alternative solutions, keeping the Board informed of developments, and bringing conclusions and recommendations to the Board for action.

The Committees and their respective responsibilities are as follows:

PLAN IMPLEMENTATION COMMITTEE

The Health Systems Plan Implementation Committee is responsible for making recommendations to the Board concerning the development and implementation of Health Systems Plans and Annual Implementation Plans consistent with paragraphs (b) and (c) of Section 1513 of P.L. 93-641; the recommendation to the Board for criteria, procedures and processes in fulfilling all review responsibilities under (g) of Section 1513 of P.L. 93-641; for revision or updating of the Program Review Manual; and the development and maintenance of Area Health Services Development Fund Policy. There are six Committee members.

FINANCE AND MANAGEMENT COMMITTEE

Responsibilities include ratifying the selection of consultants and contracts after approval by the Executive Director; acting on drafts of Personnel Policies prepared by the Executive Director in concert with staff; meeting with the Executive Director at the end of each quarter to review the Agency's progress with respect to the Work Program; developing a short and long-term financial management plan for the Agency; developing a program based budget which reflects Agency goals and priorities as established by the Board; developing policy recommendations for implementation of the budget; providing consultation to the Board on the development of contracts for fiscal management; obtaining a yearly audit; supervising monthly financial reports; and the transferring of monies from one budget item to another. In addition, the members act as the Grievance Committee. Responsibilities are to consider challenges of any action taken by individual members of the Board or its Committees or any procedure which the said Board or its committees have followed; to review and determine whether there are sufficient facts to justify consideration of the matter by the Board. There are six members.

BY-LAWS COMMITTEE

The Committee is responsible for reviewing, on at least an annual basis, the Agency By-Laws and making recommendations to the Board for amendments. There are four Committee members.

SUBAREA ADVISORY COMMITTEE

The Committee is charged with recommending to the Board any changes, additions or improvements of any kind in the Subarea Advisory Policy Statement; strengthening the relationship between the Subarea councils and the Board; and discussing and making recommendations on any and all matters affecting Subarea Councils. There are five members.

LEGISLATIVE COMMITTEE

The Committee is responsible for monitoring pending legislation; developing strategies, providing information to and contacting legislative members concerning any proposed health-related legislation. There are six Committee members.

NATIVE AMERICAN TASK FORCE

The Task Force was developed to educate the Subarea Councils and Board to the specific health care needs of Native Americans; to identify and address those needs in the Health Systems Plan; and to encourage participation of Native Americans on the Subarea Councils and the Board. There are four Task Force Members.

Aerobics test: "Pushing fifty is not exercise enough."

THE GOVERNING BOARD···COMMITTEE MEMBERSHIP

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Lois Ferrell
Jackie Redding
Mary Ellen Robinson
Ada Weeding

NATIVE AMERICAN
Charles Fisher, Chairman
Jean Gowdy
Andrew Hellstern
Jackie Redding

Additionally, the Officers and immediate past-Chairman shall serve as ex officio members on all Committees.

Cholestrol

EGGS-ONERATED?

After more than 20 years in nutritional Siberia, eggs are scrambling toward a comeback. First purged from the American menu when cholesterol emerged as the dietary subversive in coronary artery disease, eggs no longer incite such hardboiled certainty.

True, the yolk of one large egg still contains 252 milligrams of cholesterol, the waxy fat that clogs arteries and contributes to 700,000 fatal heart attacks and strokes in the U.S. each year. And that's just 48 mg short of the American Heart Association's (AHA) recommended total daily dietary allowance of cholesterol.

But new evidence about the role of diet, and particularly cholesterol, in heart health suggests there is also more to the truth.

Item: In the absence of smoking and obesity, cholesterol is not a major risk factor in heart disease.

Item: In a study by the AHA itself, only serum cholesterol counts above 260 mg raised the risk.

Item: Egg-feeding studies showing that a yolk a day boosts serum cholesterol levels 12.5% ignore individual differences in cholesterol metabolism and the influence on cholesterol of other dietary factors, including total calories.

Item: Genetic research suggests that some people starved of a necessary substance like cholesterol (say, by a no-egg diet) start to make more of the stuff in the body's own cells.

Item: The long-term Framingham Heart Study shows that severe restriction of cholesterol intake (few eggs, meats and dairy products) reduces both "bad-guy" cholesterol (LDL) that plugs arteries and the "good-guy" form (HDL) believed to help keep them clear. But relatively more LDL is reduced.

Item: New research suggests that blood tests commonly used to determine cholesterol levels are an unreliable indicator of how much cholesterol the body uses and how much it deposits in arteries.

Item: Current studies indicate that no more than 15% to 25% of Americans have a genetic high-risk susceptibility to the ill effects of high-cholesterol diets.

The case against eggs, as one scientist says, has been "overcooked." It's a lot easier to restrict egg eating than to quit smoking, lose 20 pounds or get more exercise. Yet all these alternatives cut into more important risk factors in heart disease than egg eating.

Still, the AHA defends its cholesterol limit. Says Dr. W. Virgil Brown, head of the AHA's committee on nutrition, "The AHA advice to eat a prudent diet including reduced cholesterol still makes sense on the whole. There is no way to argue that a lot of eggs are good for you."

THE SUBAREA ADVISORY COUNCILS

AREA 1

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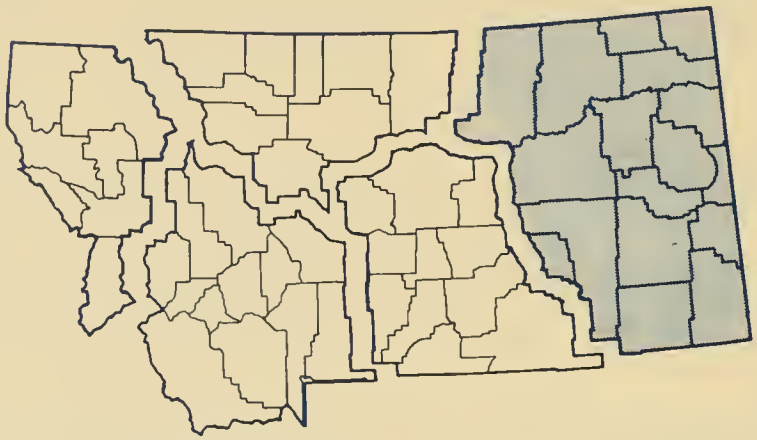

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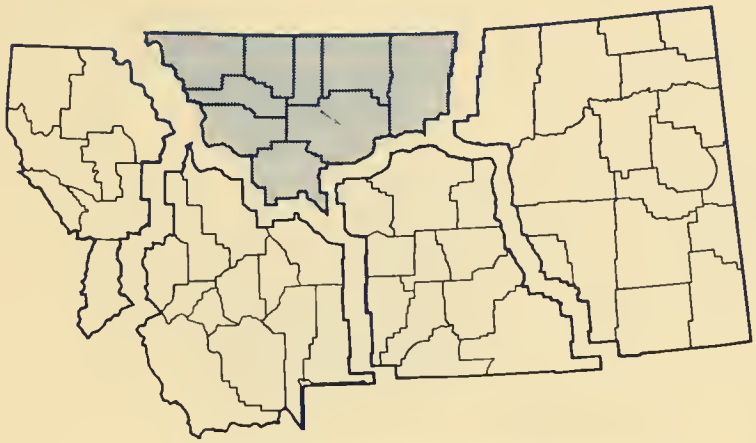

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Nutrition Tip - If you want low-sodium tuna fish, do it yourself: A one minute rinse with tap water cuts sodium as much as 80%.

THE SUBAREA ADVISORY COUNCILS

AREA 3

SOUTH CENTRAL MONTANA
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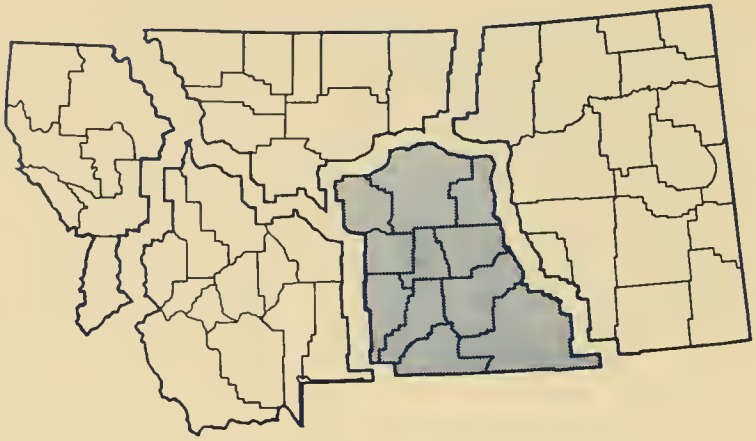

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Beginning Triathlons: "Walk to the exercise bike -- pedal five minutes -- shower."

THE SUBAREA ADVISORY COUNCILS

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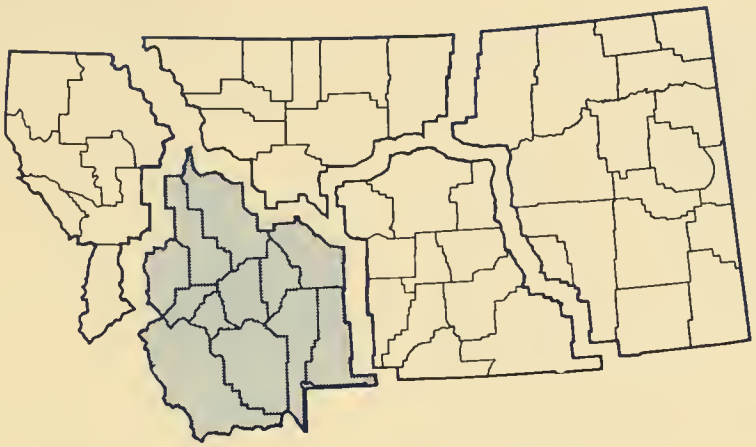

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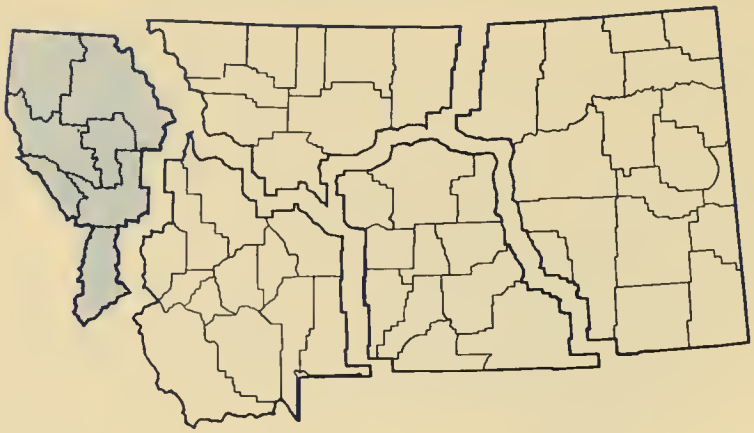
Tooth or consequences—"Be true to your teeth, or they will be false to you."

THE SUBAREA ADVISORY COUNCILS

AREA 5

NORTHWESTERN MONTANA
SUBAREA ADVISORY COUNCIL MEMBERS



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Grant Winn - Vice Chairman
Kay Strombo - Secretary

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PLAN IMPLEMENTATION

REV. Paul Cousins, Chairman,
Plan Implementation Committee

The Hope Factor

YOU ARE AS YOU FEEL

Remember the story of the little engine that could? It chugged, chugged up the hill . . . "I think I can . . . I think I can . . . " and made it. Medicine recently wrote a similar story.

In an experiment in Manitoba, Canada, with more than 3,000 people age 65 and older, Dr. Jana M. Mossey and Evelyn Shapiro found that you stand a better chance of living longer if you think you're healthy than if you think you're not - regardless of the doctor's diagnosis.

In 1971, when the study began, participants rated their own health on a scale ranging from "poor" to "excellent." Six years later the results were in: Even those in "objectively" poor health (according to their medical records) who rated their health good had a higher survival rate than healthy people who rated their health poor.

It's not completely clear whether the mind somehow senses subtle changes in the body - better than doctors or devices - or whether self-fulfilling prophesies apply to people as well as little engines. In either case, the doctor who asks "How are you?" is not just passing the time of day. He's putting out an important diagnostic probe.

THE HEALTH SYSTEM PLAN (HSP)

Two major requirements of the Montana Health Systems Agency (MHSA) are to develop and publish a Health System Plan (HSP) and an Annual Implementation Plan (AIP).

Prior to 1981, the Montana HSP was developed annually. In 1981, the HSP was expanded to include a three-year planning period. This revision reflected a change in Federal requirements as well as an effort by the MHSA to streamline the planning process and allow for topical amendments or additions. The 1981-84 HSP identifies major local health problems, analyzes the resources available and proposes improvements in the delivery of services.

During the 1982-83 grant year, two planning components were revised, adopted and incorporated into the HSP and State Health Plan -- General Hospital Acute Inpatient Care and Long-Term Care. Working cooperatively with the State Health Planning and Development Agency, the MHSA developed and distributed an utilization study of acute care medical facilities in Montana which analyzed historical utilization patterns and projected bed need to 1990. The study resulted in the adoption of a new methodology for projecting acute care bed need in Montana. Likewise, both Agencies worked jointly on a study projecting long-term care bed need for 1985 and 1990. Both methodology studies were reviewed at the Subarea Council level where local provider and consumer input was incorporated before final adoption by the MHSA Governing Board and Statewide Health Coordinating Council.

A major milestone in Montana's health planning system was reached in April, 1983, when the MHSA Board and the Statewide Health Coordinating Council approved the development of a single health plan for the state of Montana. The State Health Planning and Development Agency and MHSA planning staffs are conducting joint meetings to draft a comprehensive and well-designed plan. Adoption of the joint plan is scheduled for spring/summer of 1984 with publication and distribution planned for fall 1984.

THE ANNUAL IMPLEMENTATION PLAN (AIP)

The Annual Implementation Plan is a derivative document of the more comprehensive HSP and emphasizes specific objectives for implementing the HSP. The 1982-83 AIP was published in August of 1982 and contains three projects which serve as action strategies to implement the goals of the 1981-84 Montana HSP. The 1982-83 AIP is a result of a two-step prioritization process of the 75 long-range actions contained in the HSP. Twelve long-range actions emerged as potential AIP projects from a preliminary prioritization according to specific criteria. From among those 12, the three receiving the highest rankings were chosen to be implemented. The MHSA Subarea Advisory Councils, Governing Board, and the Statewide Health Coordinating Council are involved in the prioritization process. Two of the three projects for the year 1982-83 have been completed. The three projects are described as follows.

Objective No. 1 - Long-Term Care

The Montana HSA will cooperate with other groups affiliated with the aged to identify specific ways in which training can be provided to aides of long-term care facilities.

After an initial meeting of MHSA staff with representatives of the Montana Health Care Association and senior citizen advocacy groups, it was decided that training efforts should be directed toward nursing home volunteers rather than aides. This decision was based on data indicating that turnover rate for aides was very high as opposed to a relatively stable rate for volunteers. Sample volunteer manuals and publications have been obtained and are being evaluated and selected for use. During the final quarter of the 1983 year, a long-term care volunteer training session will be held in each Subarea Advisory Council region. Training personnel, from existing public and private agencies, will be recruited and utilized.

Objective No. 2 - Immunization Services

The Montana HSA will cooperate with the Health Services Division of the Department of Health and Environmental Sciences to implement an education project targeted toward expectant parents. Prenatal courses in the state will be surveyed for course content. If information on childhood immunization is not presented, those offering the course will encouraged to provide the necessary information and handouts.

With the cooperation of the Health Services Division of the Department of Health and Environmental Sciences, the MHSA developed a mailing list of 150 County Health Nurses and prenatal courses in the state. After staff reviewed the immunization information and educational materials available, a questionnaire was developed and sent to those on the list. Over half of the questionnaires were returned. Of those respondents, 44 percent requested immunization information to either initiate an immunization program locally or supplement an existing program. The responses to the questionnaire allowed the MHSA to identify and target local areas needing public information and assistance in setting up a childhood immunization program.

The completed questionnaires were then forwarded to the Health Services Division of the Montana Department of Health and Environmental Sciences which is sending the information out to the communities. The Department has also offered to provide training to the local areas desiring to initiate a childhood immunization program.

FLOWERS FOR THE FEAST

From sweet to spicy, these edible blossoms are a treat for the palate. Rose petals lend their fragrance to salads, jams, teas and honeys. Carnation petals add spice to desserts, sauces and cordials. Lavender's young leaves give a pleasant bite to salads. Violet petals, like roses, make fragrant salads; crystalized, they sweeten the sweetest dessert. Nasturtium blossoms, leaves and stems impart a peppery flavor to salads, petals form the base for an exotic vinegar.

Objective No. 3 - Health Prevention/Education

The Montana HSA will provide leadership to directly take health prevention information to rural communities. At least one rural county in each Subarea will be chosen as a target location. The MHSA will contact other health organizations to sponsor a booth at the local county fair. This booth will stress health maintenance and early detection of problem areas. Information will be provided, blood pressure taken, professionals available to answer questions, etc. The display will be patterned after health fairs which are held in larger communities. County fairs are well attended in rural areas and provide a good base from which to disseminate information. Follow-up can be provided with articles in local newspapers, through county extension agents and public health nurses.

The Montana HSA identified five 1983 county fairs at which to present the above information. A fair in each Subarea Region was attended, as follows:

July 21-24	Shelby	Marias Fair
August 4-6	Sidney	Richland County Fair
August 18-21	Deer Lodge	Tri-County Fair
September 1-3	Hamilton	Ravalli County Fair
October 8	Hardin	Health Fair '83 - "You Take Control"

A MHSA staff member or Subarea Advisory Council member attended each fair to help coordinate and distribute information. Health promotion/education handout materials were provided to the MHSA by the Preventive Health Services Bureau of the Montana Department of Health and Environmental Sciences, the American Lung Association of Montana, the American Red Cross,and the American Cancer Society. The MHSA also developed an informational handout brochure. Booths were set up and manned at each fair by organizations and associations representing County Health Departments, Senior Citizens, Hospitals and Hospital Auxiliaries.

Health information was made available to the public in the form of handouts, films, displays, demonstrations and screenings. Topics included genetic counseling, handicapped children's needs, dance, food sampling and recipe booths, nutrition, weigh-in booths with frame, size and ideal body weight range determinations, blood services with free blood typing, highway safety, arthritis, hearing impairment, computerized lifestyle and health testing, chemical dependency, health posters, blood pressure and pulmonary function screening, fitness testing, blood drawing and screening for kidney function, cholestrol and glucose, CPR demonstrations, burn services and burn prevention, exercise and fitness, aerobics, heart disease, cancer, diabetes, lung disease, asthma, sun protection, anti-smoking, emergency vehicles and rescue equipment,saltaholic, chemcial abuse, prenatal care and adolescent pregnancy.

FROM THE DESK OF . . .

If you sit at a desk all day:
Break now and then. Walk around, stretching your arms to get more blood to your shoulders and neck.
Get your neck moving. Do simple neck stretches right at your desk. Be conscious of your usual neck position, and change them.
Tailor your chair to your back. A small pillow between your chair and your lower back often helps.
Don't slump. Remind yourself to keep your back, neck and head aligned, especially if you slave for hours over a terminal. Be gentle with your bones. Sitting ramrod straight doesn't help.

National Health Service Corps/Health Manpower Shortage Area Designation and Technical Assistance Activities

Designation requests for Primary Care Health Manpower Shortage Areas were received from the following locations:

Ennis - Madison County
Broadus - Powder River County
Jordan - Garfield County
Conrad - Pondera County
Big Timber - Sweet Grass County

All locations except Conrad were approved by the National Health Service Corps for physician placement. St. Ignatius (Lake County) received a Dental Manpower Designation for the Flathead Indian Reservation.

One other designation request was approved for placement of a Podiatrist in Helena to serve Lewis and Clark and surrounding counties.

The number of designated areas (counties) in Montana now total 20 locations, with 25 physician, two dental, two psychiatric and one podiatry placements in these areas.

The Montana HSA has provided technical assistance to all applicants for designation as shortage areas and has assisted the applicants in completing applications.

The MHSA maintains a file of current Montana statistics and information which is required for designation applications.

Technical assistance has been provided also to three small, rural Montana hospitals in an effort to help them survive during difficult economic periods. Staff has attended meetings of hospital boards and local government officials to explain possible alternatives to closing a health care facility.

During the reporting period, staff has increased efforts to provide technical assistance to Certificate of Need applicants and potential applicants. As a result, nearly 18 percent of those receiving such assistance elected to withdraw an application or to forego submitting an application.

The Montana HSA played a significant role in the development and subsequent passage of a new Certificate of Need Law in Montana. The new Law represents a compromise acceptable to providers, consumers, and State regulatory agencies. Activity by the staff was instrumental in negotiating an acceptable bill as well as encouraging legislative passage of the bill and several other health and related bills during the 1983 Legislature.

The MHSA has become recognized statewide as a primary source of health care data pertaining to long-term care, acute care, vital statistics and manpower. In addition to providing data to state and local health care agencies and consultants, the Agency has responded to data requests from many out-of-state organizations. The MHSA has become the primary technical assistance resource to Montana counties seeking designation as a Medically Underserved Area by the National Health Service Corps.

Hypertension War

YES, WE'LL HAVE SOME BANANAS

In the war against high blood pressure, you can now choose your own weapons. If you like bananas, or oranges or vegtables, you might be a happy and healthy warrior.

According to several recent reports in the British journal Lancet, a variety of dietary adjustments for hypertension should be tried before starting a lifetime of pressure-lowering drugs. For those who must have their cake and eat it too, drugs may have to be the solution.

First came the news that supplementing diet with potassium pills could produce consistent, if modest, drops in diastolic blood pressure among healthy men. The reduction was the equivalent of what might be expected by cutting sodium intake 10%, said researchers at St. Mary's Hospital in London. The pills contained as much potassium as three oranges, bananas or vegtables servings a day.

PROGRAM REVIEW

WHAT'S A COSMETIC?

The Federal Food, Drug and Cosmetic Act of 1938 says a cosmetic is a substance "rubbed, poured, sprinkled or sprayed on . . . the human body for cleansing, beautifying, promoting attractiveness or altering the appearance without affecting the body's structure or function." Products for treating disease, or affecting a body function, are drugs.

One problem with the distinction, scientists are learning, is that almost anything applied to the human body can affect its structure or function, however microscopically. But the legal distinction hinges on intent, not on what ingredients do, although cosmetics that promise to replenish skin sound confusingly like drugs.

The distinction is crucial. The government requires that drugs be proven safe and effective before it approves them for marketing. No proof of safety, to say nothing of effectiveness, is required for cosmetics.

Though completely voluntary and private, premarket safety testing of cosmetics is in the enlightened self-interest of manufactures, and several do it routinely. But methods long in use are coming under scientific fire for excessive variability, limited sensitivity and animal cruelty.

Even tested products can cause allergies, which can never be completely eliminated. The burden is on consumers to avoid offending substances - if they only knew which ones. The 1976 Fair Packaging and Labeling Act has helped by requiring labeling of retail cosmetics' ingredients. Still, doctors find it difficult to identify troublesome agents. One cosmetic may contain 100 ingredients from a single fragrance added to mask chemical odors.

During the 1982-83 fiscal year, many changes occurred in the Certificate of Need Law and review process in Montana.

- A new Certificate of Need Law was enacted by the 1983 Montana Legislature. This legislation raises the capital expenditure thresholds, introduces batching of proposals, mandates the review of major medical equipment acquisitions above the threshold regardless of location, changes portions of the appeal process, etc.
- Due to the reorganization of the MHSA Governing Board from 43 to 27 members, the MHSA Executive Committee was eliminated. The full Governing Board assumed the Committee's responsibilities, including review and final recommendation on CON proposals. The Board also acts as the review body for proposals affecting two or more regions of the state, and proposals which are statewide in scope.

Montana state law (Section 50-5-304, MCA) requires that the Montana Health Systems Agency review Certificate of Need applications for health facility and service development projects. During fiscal year 1982-83, the HSA received CON proposals representing over thirty million dollars. Although the federal government no longer requires the HSA to review applications for federal health funds (PUFF and A-95), the Montana HSA has retained the option to make comment on all federal grants in the service area.

The following list indicates those projects reviewed by the HSA from August 1, 1982 through July 31, 1983.

PROJECT REVIEWS

Certificate of Need
August 1, 1982 through July 31, 1983

Applicant/Location/Project Title	Dollar Request	HSA Action
St. Peter's Community Hospital, Helena Purchase G.E. CAT Scanner	845,200.	Approval
Montana Deaconess Medical Center, Great Falls Relocation of Intensive Newborn Nursery and Renovation of Regular Newborn Nursery	755,502.	Approval
Pondera County Council on Aging, Conrad Home Health Agency	20,000.	N/S Approval
Columbus Hospital, Great Falls Energy Conservation Measures	450,000.	N/S Approval
Shodair Children's Hospital, Helena 23-Bed Adolescent Chemical Dependency Unit	100,000.	N/S Approval
Missoula General Hospital, Missoula Replace Profex Radiographic/Fluoroscopic Room	429,287.	N/S Approval
Montana Deaconess Medical Center, Great Falls Expand Home Health Agency to Judith Basin County	-0-	N/S Approval
Liberty County Hospital and Nursing Home, Chester New X-Ray Department/Equipment	186,650.	N/S Approval
Missoula General Hospital, Missoula Facility Replacement	12,100,000.	Disapproval
Valley Sunrise Corporation, Bozeman Construct Valley Sunrise Manor Chemical Dependency Center	510,00.	Approval
Highland View Outpatient Surgical Center, Inc. Butte Establish Highland View Outpatient Surgical Center	316,475.	Approval
Teton Medical Center, Choteau Swing Beds (7)	-0-	N/S Approval
Chouteau County District Hospital, Fort Benton Swing Beds (4)	-0-	N/S Approval
Granite County Memorial Hospital and Nursing Home, Philipsburg Swing Beds (4)	-0-	N/S Approval
St. Patrick Hospital, Missoula Chemical Dependency Treatment Center	58,110.	N/S Approval
Park Place Nursing Home and Rehabilitation Center, Great Falls Licensure Change (16 alcohol to nursing beds)	200.	N/S Approval
Clark Fork Valley Hospital, Plains Home Health Service for Sanders County	855.	N/S Approval
Kenneth P. and Ramona Doty, Kalispell Construct 60-Bed LTC Facility	1,400,000.	Withdrawn
Columbus Hospital, Great Falls Relocate/Expand GI Lab; Consolidate/Expand/Upgrade Outpatient Recovery; Construct Sleeping/Resting Quarters for Emergency Services Physicians	230,185.	N/S Approval
Rosebud Community Hospital and Nursing Home, Forsyth Expand Nursing Home/Add Seven Beds	219,000.	N/S Approval

PROJECT REVIEWS
(continued)

Missoula Community Hospital, Missoula Lease/Purchase Digital Fluoroscopic Imaging System	270,250	N/S Approval
St. James Community Hospital, Butte Replace Radiographic/Fluoroscopic Equipment	272,965.	N/S Approval
Hillhaven West, Inc. d/b/a Butte Convalescent Center, Butte Licensure Change (14 PC to ICF)	-0-	N/S Approval
Pondera Medical Center, Conrad Radiology Equipment Replacement	233,000.	N/S Approval
Columbus Hospital, Great Falls Update Room/Replace Radiographic Equipment	618,000.	N/S Approval
St. Patrick Hospital, Missoula Digital Fluoroscopic Imaging System/Remodeling	275,000.	N/S Approval
Montana Plastic Surgeons, Great Falls Remodel Existing Facility	12,000.	Expired
Twin Bridges Associates, Twin Bridges The Village Intermediate Care Facility (120-Bed)	4,133,907.	Withdrawn
Big Sandy Medical Center, Big Sandy Add 22-Bed Skilled Nursing Facility	720,000.	Expired
St. Luke Community Hospital, Ronan Addition/Remodeling	825,000.	N/S Approval
Frances Mahon Deaconess Hospital, Glasgow Chemical Dependency Center CON Revision/ Extension (50-Bed)	2,200,000	N/S Approval
Rocky Mountain Treatment Centers, Great Falls 15-Bed Alcohol/Drug Abuse Facility	230,000.	Expired
Twin Bridges Associates, Twin Bridges The Village Retirement Facility (50 PC Beds)	2,649,528.	Approval
Thomas E. Morledge, M.D., Billings Outpatient Office Surgery	30,000.	-Expired
Diversified Employment Services, Inc., Bozeman Home Health Agency	13,000.	Expired
Bozeman Medical Arts Center, Bozeman Freestanding Emergency Room/Surgical Center/ Birthing Center	unknown	Expired
North Valley Health Care, Inc., Stevensville Home Health Agency	unknown	Expired

Total Projects Submitted - 37	$30,140,114.00
Total Approved - 27	$11,465,207.00

N/S — non-substantive/abbreviated

FOOT CONNECTIONS

Traditional Chinese medicine holds that the body is laced with lines of energy, called meridians, that intersect at key points - threading the body together. At these points, many of which are in the feet, acupuncturists place their needles. Reflexology, an American adaptation, offers this map of the foot connections.

According to reflexology, a foot massage can revitalize the entire body. You can massage your own foot, or a friend's, using the thumbs to exert a firm pressure. Spend time on sore points, since that is supposed to be beneficial for the body parts where they connect. The theory may not be scientific, but it feels great.

THE FINANCIAL REPORT

Janice Treml, Chairman,
Finance and Management Committee
John H. Allen, Secretary-Treasurer,
Governing Board

Inner Comfort

TAKE A WALK, NOT A MARS BAR

The best pick-me-up is not long distance, as phone ads and marathon runners say. Nor is it munching a candy bar. The shortest route to feeling better may be a 10-minute walk outdoors.

In a series of experiments, in the lab and on the campus of California State University in Long Beach, Dr. Robert Thayer has been studying the effects of brisk walking on energy and tension levels. First he asked volunteers for written diaries on their levels of energy and tension. They described how they felt at 10-minute intervals starting an hour before and continuing an hour past a 10-minute treadmill walk. For half an hour after the walk, they reported more energy.

In a second experiment, he asked subjects to roll dice at an appointed time each day, and then, depending on the number, either walk around the block or eat a candy bar. The outdoor walk boosted energy for up to two hours, and lowered tension. The candy bar, on the other hand, boosted energy only briefly and, after 30 minutes, tension levels went way up.

In a third experiment, Thayer found that the energy boost from walking is probably the best temporary remedy for depression. Unfortunately, many of the depressed subjects who enthusiastically began the study could not complete it. They couldn't bring themselves to walk, says Thayer, because they felt too little energy.

Dr. Herbert deVries, a USC physiologist, has measured corresponding decreases in neuromuscular tension after light exercise. According to deVries, rhythmic exercises like walking, jogging and cycling for five to 30 minutes at 30% to 60% of maximum capacity give the best "tranquilizer effect." Neither that amount of time nor that intensity will build your heart, but it may bring some peace of mind.

The Health Systems Agency's fiscal year is now consistent with the Federal grant year, August 1, 1982 through July 31, 1983. Financial reports are prepared monthly, utilizing a system of double entry bookkeeping with a daily journal and monthly ledger. A chart of accounts provides a record of the various incomes and expenses incurred by the Montana Health Systems Agency.

Payroll is scheduled on a semi-monthly system with reports forwarded to Federal and State governments, Unemployment Insurance Division, and the Workmen's Compensation Division.

MONTANA HEALTH SYSTEMS AGENCY
STATEMENT OF FEDERAL AND STATE REVENUES AND EXPENDITURES
FOR THE PERIOD AUGUST 1, 1982 TO JULY 31, 1983

	APPROVED BUDGET (*)	ACTUAL	BUDGET BALANCE
REVENUES			
Federal, State and Agency Funds	$342,889	$248,834	$94,055
EXPENDITURES			
Salaries	$168,723	$140,037	$28,686
FICA Tax	12,178	9,427	2,751
State unemployment Tax	1,600	2,121	(521)
Workmen's compensation premiums	1,000	651	349
Health insurance	10,654	10,061	593
Retirement plan contributions	10,000	5,730	4,270
Annual and sick leave expense	21,837	1,974	19,863
Total Personnel Costs	225,992	170,001	55,991
Advertising - public notices	1,560	1,008	552
Contractual services	13,269	13,131	138
Close-out agent	3,000	-0-	3,000
Equipment rental	3,456	2,497	959
Insurance	2,000	202	1,798
Postage	3,000	1,854	1,146
Rent - Space	10,716	11,496	(780)
Storage of Records	900	-0-	900
Supplies, printing and general	7,450	7,531	(81)
Telephone	12,000	7,040	4,960
Travel - Governing Board	18,750	12,525	6,225
Travel - Subarea Advisory Council	22,546	7,683	14,863
Travel - Other	18,250	13,866	4,384
Totals	$342,889	$248,834	$94,055

(*) Includes Federal, State and Agency Funds

MONTANA HEALTH SYSTEMS AGENCY, INC.
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HELENA, MONTANA 59601

to: